

FILED NOV 6 1942  
784

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2097

96  
137  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. St Louis

(b) City or town. OVERLAND  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3305 CALVERT  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community. LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. St Louis

(c) City or town. OVERLAND  
(If outside city or town limits, write "RURAL")

(d) Street No. 3305 CALVERT  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME MARY VIRGINIA PEPPER

3. (b) If veteran, name war. ✓

3. (c) Social Security No. none

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced. SO

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. July 14 1924  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>2</u>	<u>23</u>	hr. min.

9. Birthplace. OVERLAND Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation. CLERK

11. Industry or business. TOM BOY GROCERY STORE

12. Name. WALTER PEPPER

13. Birthplace. St Louis Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name. CHARA STANKIEWICZ

15. Birthplace. ST LOUIS Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant. Walter Pepper

(b) Address. 3305 Calvert

17. (a) Burial (b) Date thereof. 10/10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CALVARY CEMETERY

18. (a) Signature of funeral director. OSMANN FUNERAL HOME

(b) Address. 9222 LACKWANG OVERLAND MO

19. (a) OCT - 8 1942 (b) C. J. Mc  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct day. 7  
year. 1942 hour. minute. 5-P M.

21. I hereby certify that I attended the deceased from Sept. 27- 1942, to Oct. 7- 1942  
that I last saw her alive on Oct. 7- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis

Due to hypertension 9 yrs!

Due to \_\_\_\_\_

Other conditions. 93d  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy None

Duration

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

Signature Roy C. Kauter (M.D. or other) M.D.  
Address 24387 Hudson Rd. Date signed 10-8-42

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Al. C. Ottmann*

Licensed Embalmer No. *3478*

P. O. Address.....

**Note: -The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

*218-100*